



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SLOVIN	GARY	M.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CONSUMER DATA INDUSTRY ASSOCIATION		202.408.7404
MAILING ADDRESS (Street)		FAX
1090 Vermont Ave. NW Suite 200		202.371.0134
(City)	(State)	(Zip Code)
Washington	DC	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Chantele L. Mack		Same as above.
MAILING ADDRESS (Street)		FAX
Same as above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Gay R. Sloan
(Signature of Lobbyist)

3/16/06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Chantele L. Mack		Manager, Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Same as above			
MAILING ADDRESS (Street)		FAX	
(City)	(State)	(Zip Code)	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>03.16.06</u> (Date)	